

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/599,293</div>	FILING DATE <div style="font-size: 1.2em;">9-25-06</div>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		2		1				
5		2	e					
6		2	e					
7		1	e					
8		1		1				
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18		1		1				
19		1		1				
20	1		e					
21		1	e					
22		2		1				
23		2		1				
24		2		1				
25		1		1				
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27		1		1				
28		1		1				
29	1		1					
30		1		1				
31		2		2				
32		1		1				
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37		1		1				
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39	1		1					
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41		1		1				
42		1		2				
43		1		1				
44		1		1				
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TOTAL IND.	5	↓	5	↓		↓		
TOTAL DEP.	43	←	37	←		←		
TOTAL CLAIMS	48		42					
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100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								